

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

CERILL NO.

101 598,148

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2		1					52	1					
3							53	1					
4	3						54	1					
5	1						55	1					
6	1						56	1					
7	1						57	1					
8	1						58	1					
9	1						59	1					
10	1						60	1					
11	1						61	1					
12	1						62	1					
13	1						63	1					
14	1						64	1					
15	1						65	1					
16	1						66	1					
17	1						67						
18	1						68						
19	1						69						
20							70						
21		1					71						
22	3						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49							99						
50	1						100						
TOTAL IND.			↓		↓		TOTAL IND.	2	↓		↓		↓
TOTAL DEP.			←		←		TOTAL DEP.	31	←		←		←
TOTAL CLAIMS			[REDACTED]		[REDACTED]		TOTAL CLAIMS	33	[REDACTED]		[REDACTED]		[REDACTED]